



Filing ID #10020768

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** John Burke Boatner Jr.  
**Status:** Congressional Candidate  
**State/District:** TN08

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2018  
**Filing Date:** 05/15/2018

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Vanguard 500 Index Fund Investor Shares [IH]	JT	\$1,001 - \$15,000	None		

\* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

## SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
The University of Tennessee	salary	\$6,256.40	\$36,753.00
St. Francis Hospital AMISUB	salary	\$3,215.14	\$245.48
The University of Tennessee	spouse salary	\$11,089.73	\$36,753.30
Methodist HC Memphis Hospitals	spouse salary	N/A	\$1,422.93

## SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
JT	U.S. Department of Education	February 2014 and June of 2017	Student loans	\$100,001 - \$250,000
SP	U.S. Department of Education	Between 2007 and 2008	Student loan debt	\$15,001 - \$50,000

## SCHEDULE E: POSITIONS

Position	Name of Organization
Research Coordinator II	The University of Tennessee
Clinical Assessment Professional	Tenet Healthcare
Coordinator	Methodist Healthcare
Clinical Historian	Amen Clinics, Inc.

## SCHEDULE F: AGREEMENTS

None disclosed.

## SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**Trusts:** Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

**Exemption:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

## CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** John Burke Boatner Jr., 05/15/2018